

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003338

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 316

Primary Registration District No. —

Registrar's No. 16

FILED JAN 15 1962

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington R.R. Twp.</u>		Length of stay in lb <u>3 Days</u>	c. CITY OR TOWN <u>Bismarck</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR <u>Mineral Area</u> INSTITUTION <u>Osteopathic Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Bismarck</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES SAM COOK</u>			4. DATE OF DEATH Month Day Year <u>Jan. 8, 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-23-1907</u>
9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>	IF UNDER 24 HR Hours <u>17</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Liquor Store</u>	11. BIRTHPLACE (City and state or country) <u>Sand Hook, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Henry Oliver Cook</u>	
13b. MOTHER'S MAIDEN NAME <u>Abbie Gail Butcher</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Cook</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mabel Cook</u>		Address <u>Bismarck, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Collapse</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Labor Pneumonia</u> DUE TO (c) <u></u>			INTERVAL BETWEEN ONSET AND DEATH <u>several hours</u> <u>7 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>January 6th 1962</u> to <u>January 8th -62</u> and last saw him alive on <u>January 7th 1962</u> Death occurred at <u>6:45 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. A. Ralphy</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Flat River, Missouri</u>	
22c. DATE SIGNED <u>1/8/62</u>		23a. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial PK.</u>	
23b. LOCATION (City, town, or county) <u>Bonne Terre, Mo</u>		23c. DATE RECD. BY LOCAL REG. <u>Jan 10, 1962</u>	
23d. FUNERAL DIRECTOR <u>Shipman & Sons</u>		23e. REGISTRAR'S SIGNATURE <u>Ether Ralphy</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1962

JAN 23 1962

JAN 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John N. Shipman

Licensed Embalmer No.

4881

P. O. Address

Bismarck, N.D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.